Certification of Professional Education

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Authorization (Form 1). Be sure to sign and date item 9.

2. Send the entire form to the institution(s) you attended and ask the registrar to complete Section II and forward all pages of the form directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution. This form will not be accepted if submitted by the applicant.

3. An official transcript or official marksheets are required if you completed a program that is not registered by the Department as licensure-qualifying at the time of your graduation.

Section I: Applicant Information

1. Social Security Number          2. Birth Date
   (Leave this blank if you do not have a U.S. Social Security Number)

3. Print Name as It Appears on Your Application for Authorization (Form 1)
   Last
   First
   Middle

4. Mailing Address (You must notify the Department promptly of any address or name changes.)
   Line 1
   Line 2
   Line 3
   City
   State
   Zip Code
   Country/Province

5. Print your name as it appears on your degree or diploma.
   Name: ____________________________________________________________________

6. School attended: ____________________________________________________________________
   (Name) (city/state or country)

7. Name of degree/certificate awarded: ____________________________________________________________________

8. Date degree/certificate awarded: ______ / ______ / ______
   mo.   day   yr.

9. I request and give my permission to the school listed in item 6 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

   Applicant’s Signature __________/________/______
   mo.   day   yr.
Section II: Certification of Professional Education

Instructions to Registrar:
1. Complete Part A or Part B to document the applicant’s education.
2. Complete Part C (Certification) and return the entire form directly to the Office of the Professions at the address at the end of this form. This form will not be accepted if returned by the applicant.

Name of Applicant: ____________________________________________

(Section I, item 5)

Part A - Complete this part for programs that were, at the time the degree requirements were met, registered as licensure-qualifying by the New York State Education Department for authorization to practice as a Polysomnographic Technologist.

1. Date of applicant’s entrance, and either the applicant’s date of completion of studies or withdrawal from the school:
   Entrance date: ______ / ______ / ______
   Completion date: ______ / ______ / ______
   Withdrawal date: ______ / ______ / ______

2. Type of program: □ baccalaureate □ associate □ Other (please specify): ___________________________________________

3. Title of degree/certificate awarded: ______________________________________________________________________________

4. Date degree/certificate awarded: _______ / _______ / _______
   mo.         day           yr.

Part B - Complete this part for programs that were, at the time the degree requirements were met, NOT registered as licensure-qualifying by the New York State Education Department for authorization to practice as a Polysomnographic Technologist. An official transcript or official marksheets giving courses completed by year and grades and a syllabus of the course of studies completed must be attached.

1. Date of applicant’s entrance, and either the applicant’s date of completion of studies or withdrawal from the school:
   Entrance date: ______ / ______ / ______
   Completion date: ______ / ______ / ______
   Withdrawal date: ______ / ______ / ______

2. Type of program: □ baccalaureate □ associate □ Other (please specify): ___________________________________________

3. Title of degree/certificate awarded: ______________________________________________________________________________

4. Date degree/certificate awarded: _______ / _______ / _______
   mo.         day           yr.

Part C - Certification

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature: ____________________________________________ Date: _______ / _______ / _______
   mo.         day           yr.

Print name: ____________________________________________

Title or Official Position: ____________________________________________

Institution: ____________________________________________

Address: __________________________________________________________________________

__________________________ __________________________
Telephone: __________________________ Fax: __________________________

E-mail Address: ____________________________________________

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Polysomnographic Technology Unit, 89 Washington Avenue, Albany, NY 12234-1000.